



State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services
Engineering Service Operator Certification

APPLICATION FOR LOUISIANA OPERATOR CERTIFICATE

Name: _____ / _____ / _____
Last First Middle

Mailing Address: _____
Street or Post Office Box

City State Parish Zip

OpID or SS#: _____ Home Phone: (____) _____ Date of Birth: _____

Present Employer: _____ Parish: _____
City or Company

Address: _____ / _____ / _____
Street or Post Office Box City State Zip

Work Phone: (____) _____ Fax: _____ Email: _____

Regular fees are based on the number of certificates and are figured separately for water and wastewater.
The first certificate is \$20. Each additional certificate is \$10 each.

Please make checks payable to: **"Committee of Certification"** and mail to **P O Box 4489 Baton Rouge La 70821**

NO NEW certificates will be issued without proof of education. The Certification Office must have a copy of your HIGH SCHOOL DIPLOMA, GED or COLLEGE DEGREE on file. If we do not already have your proof of education on file, please attach a copy to this application.

Certification Based on Reciprocity Request Yes No

Circle Certificate(s) Requested

Water Production 1 2 3 4

Water Treatment 1 2 3 4

Water Distribution 1 2 3 4

Wastewater Treatment 1 2 3 4

Wastewater Collection 1 2 3 4

Certificate Fees: Water Wastewater

One Certificate \$20 \$20

Two Certificates \$30 \$30

Three Certificates \$40

Duplicate/Replacement Certificate/ID \$5each

Total Enclosed _____

(This application will be returned if not filled out completely)

Date

Signature of Supervisor

Date

Signature of Applicant